



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? No ☐ Yes ☒ If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name LIPP	First Name TRACI	Middle Name LYNN	Nickname Traci	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 2721 Vinewood DR.		5. FAX (Optional) ()		6. E-mail Address (Optional)	
7. City Indianapolis	State IN	ZIP Code 46224	8. County marion	9. Telephone (Day) 317,502,1507	10. Telephone (Evening) 317,502,1507
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) WAYNE TOWNSHIP ADVISORY BOARD - 3		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Traci Lipp for Wayne Township					
14. Mailing Address <input type="checkbox"/> Check if this is a new address 2721 Vinewood DR		15. FAX (Optional) ()		16. E-mail Address (Optional)	
17. City Indianapolis	State IN	ZIP Code 46224	18. County marion	19. Telephone (Day) 317 502 1507	20. Committee Organization Date (MM-DD-YY) 02/2008
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson TRACI LYNN LIPP					
22. Mailing Address <input type="checkbox"/> Check if this is a new address 2721 Vinewood DR		23. FAX (Optional) ()		24. E-mail Address (Optional)	
25. City Indianapolis	State IN	ZIP Code 46224	26. County marion	27. Telephone (Day) 317 502 1507	28. Telephone (Evening) 317 502 1507
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Chase Bank					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. John Lipp		Signature of the Committee Chairperson Traci Lipp			
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer JOHN L. LIPP					
34. Mailing Address <input type="checkbox"/> Check if this is a new address 2721 Vinewood Drive		35. FAX (Optional) ()		36. E-mail Address (Optional)	
37. City Indianapolis	State IN	ZIP Code 46224	38. County marion	39. Telephone (Day) 317 502 1507	40. Telephone (Evening) 317 502 1507

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment John Lipp
--	---

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson TRACI L. LIPP	Signature of Chairperson Traci Lipp	Date (MM-DD-YY) 02-05-16
43. Typed or Printed Name of Candidate TRACI L. LIPP	Signature of Candidate Traci Lipp	Date (MM-DD-YY) 02-05-16

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

11/16/08 Handwritten

FILED